## **Neefun FAST Swim Program Registration**

Child's Name	Age	Years has been swimming	Boy/Girl	List any medical cond past	ditions and/or injuries in the			
Parent or Guardi	an 1's Nam	e						
Address				_ CityZip				
Cell Phone				Home Phone				
Email				Wechat user name				
Parent or Guardi	an 2's Nam	e						
Address				_ City	Zip			
Cell Phone				Home Phone				
Email				Wechat user name				
Emergency Conta	ct			Phone				
Family Physician Name			Phone					
<b>2015 spring sm</b> \$330: Tuesd	s. Every Tueso nall group ay/Thursday <sub>I</sub>	orogram (11 classes,	\$30/per class		5:30-7:30pm during 4/2 - 5/7) 5/2)			
\$720: 12 we	ek program (5 ek program (4	57 classes, \$13.50/ cl 18 classes, \$15.00/ cl	ass, pick 12 v	eek during 5/11- 8/14) veeks during 5/11- 8/14) class during 5/11- 8/14)				
Release o	of Liab	ility						

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s).

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I	recognize and	acknowledge	that there	e are certain	risks of	pnysicai	injury to
participants in the program(s) and I agree to	assume the full	risk of any such	injuries, da	images, or los	s regardle:	ss of sever	rity which
I or my child/ward may sustain as a result of	f participating ir	any of the pro	gram(s). I h	nereby fully re	elease and	discharge	the Fast
Swim, Neefun from any and all claims resulti	ing from injuries	s, damages and	losses sust	tained by me	or my child	d/ward, ar	nd arising
out, connected with, or in any way associate	d with activities	of any of the p	orograms.				

Signature:	Date:	